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Complete if Known EE TRANSMITTAL 09/425,075 Application Number October 21, 1999 for FY 2003 Filing Date CHOUDARY, PRABHAKARA V. First Named Inventor mi **Examiner Name HELMS, LARRY RONALD** O: Effective 01/01/2003. Patent fees are subject to annual revision. 1642 Art Unit □ Applicant claims small entity status. See 37 CFR 1.27

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TOTAL AMOUNT OF PAYMENT (\$) 375		\$) 375	/	Attorney Docket No.			UCAL-269	UCAL-269		155	ವ		
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)							8		
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☑ Deposit Account:			Fee	Entity	Fee	Entity Fee							
Deposit Account Number 50-0815			Code	(\$)	Code	(\$)	Fee Descri	ption	F	ee Paid	1		
Deposit Account Name Bozicevic, Field & Francis LLP			1051	130	2051	65	Surcharge – late filin	a fee or oath					
The Commissioner authorized to: (check all that apply) ☑ Charge fees indicated below ☑ Credit any overpayments			1052		2052	25	Surcharge – late pro cover sheet	-	or				
Charge any additional fee(s) during the pendency of this application			1053	130	1053	130	Non-English specific	ation					
☐ Charge fees indicated below, except for the filing fee			1812	2,520	1812	2,520	For filing a request for	or <i>ex parte</i> reexar	nination				
to the above-identified deposit account.			1804	920*	1804	920*	Requesting publicati Examination action	on of SIR prior to					
FEE CALCULATION			1805	1,840*	1805	1,840	*Requesting publicati	on of SIR after					
1. BASIC		G FEE Small Enti	in.						Examiner action				
Fee		Fee Fee	Fee Description	Fee Paid	1251	110	2251	55	Extension for reply w	ithin first month			
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			SUBTOTAL (1)		1403		2403	140	Request for oral hea	-			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1451		1451		Petition to institute a	•	eding					
			Fee from		1452		2452	55	Petition to revive – u				
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1201 84	2201	42	Independent claims in	excess of 3	1809	750	2809	375	Filing a submission a (37 CFR § 1.129(a))	after final rejection	1		
1203 280	2203	140	Multiple dependent cla	aim, if not paid	1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))				
1204 84	2204	42	** Reissue independer	nt claims	1801	750	2801	375	Request for Continue	ed Examination (F	RCE)	375	
			over original patent		1802	900	1802	900	Request for expedite				
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**or numbe	r previous	sly paid, if g	reater; For Reissues, se	e above.	*Redu	uced by E	Basic Fil	ing Fee	Paid	SUBTOTAL	(3) (\$) 3	75	
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Name (Prin	v i ype)	James	S. Keddie, Ph.D.	- 11/v - 7 .3	V ttorn	ney/Agent		48,9	20	Telephone	(650) 327-3	3400	
Signature) I wo	$\mathcal{V}^{\mathcal{V}}$					Date	07/09/2003	1	

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